



Bloom Chiropractic

Kathleen A. Bloom, D.C.
Nancy A. Marihart, D.C.

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Dear New Patient:

If you haven't heard by now, Healthcare Insurance Coverage, as you once knew it, has changed. We as chiropractic providers are faced with new challenges every day in regard to what we can and cannot legally do on behalf of, and for our patients. Challenges, not only as they pertain to "maintenance" care and the number of visits allowed per year, but also as to what we can **charge** our patients for those visits. The one thing that has not changed is our desire to treat our patients with compassion and strive to get them to a point of quality living by providing the best care possible at the most affordable cost to them.

We are now legally mandated to bill all entities, patient and insurance companies alike, at a uniform rate of pay. So while we once allowed you a "cash" discount for not having us go through the documentation and paper work of billing your insurance company, we can no longer do so. In an effort to come up with a solution to that restriction, we have contracted with **Chirohealth USA**, which is a Discount Medical Plan Organization created specifically for chiropractors. **Chirohealth USA** has been allowed to advocate on behalf of all member chiropractors who wish to be able to set their own fees and remain within the legal parameters given to us.

For those of you who wish to be "cash" paying patients, either because of your desire to continue to seek "maintenance" care or have high insurance co-pays or deductibles, for the low cost of **\$49.00/year/family**, you can join **Chirohealth USA** and be allowed to pay a fee below the normal cost billed to your insurance company. We are now equipped to start enrolling members. (Brochures and more information is available through our front office or at **Chirohealthusa.com.**)

For those of you who do not want to join, but still do not want to have your insurance company billed, we are allowed to offer you a **"time of service discount" (aka TOS)** at a rate that is within our legal guidelines (15% below the costs billed to insurance, as allowed by the Office of the Inspector General). These discounts will only be allowed if they are paid on the actual date of service.

The below listed costs are in effect and you will be asked **to make a determination on your first appointment** as to whether you wish to have your insurance company billed, wish to become a member and take advantage of the discounts allowed through **Chirohealth USA**, or wish to pay for services under the **"time of service discount"**. You will be allowed to make changes per visit as to your billing desires. Obviously, **"time of service discounts"** will be just that, and must be paid on the date of service.

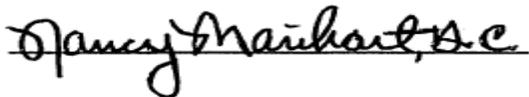
If you are a **Medicare or Medicaid patient**, your adjustment can still be billed to your insurance, but because **Medicare does not** cover new patient exams, episode of care re-exams, or any therapies (ie ultrasound, laser, stim pads or acupuncture), those services will be at your expense and you will need to decide if you want to pay the **billable costs**, the **Chirohealth, USA** costs or the **"time of service costs"** for those expenses. The same applies for **Medicaid patients**, with the exception of one exam per year, and in some instances, acupuncture being covered by insurance.

Please review this letter and feel free to come to office staff with any questions or concerns. We will do our best to make this transition as easy as possible for all concerned.

Sincerely,



Kathleen A. Bloom, DC



Nancy A. Marihart, DC